



D IS FOR DECISION

How to use the Medicare website to learn about Medicare prescription drug plans in your area and join a plan that's right for you

It's time to decide.

On January 1, 2006, Medicare prescription drug coverage became available to all people with Medicare. This coverage is offered through insurance companies and other private companies approved by Medicare. This new benefit—sometimes called Medicare Part D—may help reduce the cost of your prescription medicines. Those who want this coverage must join a plan by **May 15, 2006**, to avoid paying a late-enrollment penalty.

If you have Medicare, you must decide whether the new prescription drug benefit is right for you. If so, you will need to select and join a drug plan. For many people, choosing a drug plan may be an overwhelming task. Most likely, there will be many plans in your area to choose from. Those plans have different costs and cover different drugs. Everyone's situation is a little different, so it is up to you to choose a plan that meets your needs.

The good news is, there are resources available to help you get the information you need to make this important decision. One powerful decision-making tool is the Medicare Prescription Drug Plan Finder, which is available to all Medicare beneficiaries on the official Medicare website (www.medicare.gov).

Inside, you will find a step-by-step guide for using the Medicare Prescription Drug Plan Finder. By using this tool, you can compare prescription drug plans and select a plan that meets your needs. Just follow the easy, color-coded directions in this brochure.

Please note: If you (or someone you know) do not have access to the Internet or would prefer speaking with a Medicare representative, please call **1-800-MEDICARE** (1-800-633-4227). TTY users should call 1-877-486-2048.

Please use this brochure if one or more of the following statements applies to you:

- You do not have prescription drug coverage
- You want to learn more about Medicare prescription drug plans in your area
- You have **Medicaid*** and Medicare and were assigned to a drug plan at the end of 2005, but want to choose a different one
- You have prescription coverage (through **Medigap** or **Medicare Advantage**, for example) and want to compare your current coverage with the new Medicare prescription drug coverage

Reminder: If you would like to speak with a Medicare representative, please call **1-800-MEDICARE** (1-800-633-4227).

IMPORTANT NOTES FOR THOSE WHO ALREADY HAVE PRESCRIPTION DRUG COVERAGE

If you get prescription drug coverage from an **employer** or **union**...

If you currently have prescription drug coverage through a former employer or union, you should have received information from your benefits administrator last fall. Carefully read the materials your employer or union sent you. Contact your benefits administrator or the office that answers questions about your coverage before you make any changes. **Caution:** If you drop your employer or union coverage, you may not be able to get it back. You also may not be able to drop your employer or union **drug** coverage without also dropping your employer or union **health** coverage.

If you used to get prescription drug coverage from **Medicaid**...

If you had **Medicaid** and Medicare in 2005, you now get your prescription drug coverage from Medicare. If you did not sign up for a particular Medicare prescription drug plan before December 31, 2005, you were automatically enrolled in a plan. You may change plans by following the steps outlined in this brochure.

*Words in **green** are explained in the Glossary on page 37.

By following the steps in this brochure, you will be able to make an informed decision about the Medicare prescription drug benefit. As you go through the steps, you will be able to learn about your plan choices. In general, there are three things you need to remember when comparing drug plans.

1. Consider the costs of each plan.

- **Premium.** This is the monthly payment you make to get coverage.
- **Deductible.** This is the yearly amount you pay before your Medicare drug plan begins to pay.
- **Coinsurance** or **copayments.** This is your share of your prescription drug costs. Medicare and your drug plan also pay a share of the costs.
- **Initial coverage limit.** In some plans, if your total drug costs reach an initial coverage limit, then you pay 100% of your prescription costs until you spend a certain amount.


2. Find out which plans cover your drugs.

- Drug plans will cover different generic and brand-name drugs in different drug categories on their drug lists.
- The drug list (**formulary**) may not include your specific drug. However, your plan has an exceptions and appeals process, and in most cases, a similar drug that is safe and effective should be available.

3. Know your pharmacy and mail-order options.

- Medicare will require plans to have convenient pharmacies for you to choose from. If it's important to you to stay with your current pharmacy, find out if you can use your pharmacy with the drug plans you are interested in.
- Some drug plans will allow you to get your medicines through the mail.

This guide is color-coded to make it easy to follow along.

 Orange boxes are “Action Items.” These are the steps you follow to use the online Prescription Drug Plan Finder.

 Yellow boxes are “Extra Tips.” These are informational boxes that give you added details about a particular item on the Medicare website.

Green words are fully explained in the Glossary on page 37.

What you’ll need:

- A computer with an Internet connection, and a printer
- 60–90 minutes, depending on the speed of your online connection and how quickly you move through this guide
- A family member or friend to help you use the Internet, if you are not comfortable doing it on your own
- A completed Information Checklist (see next page)



Having all the basic information at your fingertips can make your online experience a smooth and rewarding one. Just fill out the checklist at right so you'll have everything you need when you log on to www.medicare.gov.

Important reminders for those who already have prescription drug coverage:

***STOP.** If you have drug coverage from a former employer or union, be sure to check with the benefits administrator before considering a Medicare prescription drug plan.

******If you had Medicaid and Medicare in 2005, you now get your prescription drug coverage from Medicare. If you did not sign up for a particular Medicare prescription drug plan before December 31, 2005, you were automatically enrolled in a Medicare plan. You may change plans by following the steps outlined in this brochure.

☐ Your Medicare ID card

Medicare claim number (Medicare identification number) _____

Date of birth _____

Effective date for Part A and/or Part B _____

☐ Your ZIP code _____

☐ Current prescription drug coverage

___ None

___ Through a former employer or union*

___ Formerly through **Medicaid****

___ Through **Medigap** (Medicare supplemental insurance)

___ Through a **Medicare Advantage** plan (HMO, PPO or private Fee for Service Plan)

☐ Name of your current prescription drug plan, if you have one

☐ If you had prescription drug coverage last year, is it still available this year?

___ Yes ___ No ___ I don't know

☐ Your Prescription Log

Names of prescription drugs	Brand name or generic?	Monthly out-of-pocket costs

☐ Name and address of your preferred pharmacy



- 1 Log on to the Medicare website by typing **www.medicare.gov** into your Internet browser. This is the Medicare home page (Screen 1).
- 2 Click on “Compare Medicare Prescription Drug Plans” (after the second arrow).

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[Glossary](#)

[Find a Medicare Prescription Drug Plan](#)

[Prescription Drug Plan Finder](#)
[Learn How Plans Work](#)
[Plans In Your State](#)

Welcome to the Medicare Prescription Drug Plan Finder

Starting January 1, 2006, new Medicare prescription drug coverage is available to everyone with Medicare, regardless of income, health status, or how you pay for prescription drugs today.

Everyone with Medicare needs to make a decision about prescription drug coverage. Even if you don't use a lot of prescription drugs now, you should still consider joining a plan.

Remember, to get the coverage, you must join a plan.

The Medicare Prescription Drug Plan Finder will help you:

- Learn about the new Medicare prescription drug coverage
- Find and compare prescription drug plans that meet your personal needs
- Enroll in the prescription drug plan that you select

Where would you like to begin?

- Find a Medicare Prescription Drug Plan
- Enroll in a Medicare Prescription Drug Plan
- Learn how Medicare Prescription Drug Plans Work
- Important coverage information for individuals who currently receive prescription drug coverage through Military retiree benefits (TRICARE), Veteran benefits (VA), or Federal employee retiree benefits (FEHBP)

Page Last Updated: February 16, 2006

Benefits of the new Medicare prescription drug coverage

- It is available to all people with Medicare.
- It will pay for about half your drug costs.
- Almost 1 in 3 people will qualify for extra help paying for their drug costs.
- It protects you against ever having very high drug expenses.
- It pays for brand-name and generic drugs.

Learn more about

Why you should enroll in a plan

[Learn more >](#)

- 1 To learn about prescription drug plans in your area, click on the orange arrow next to "Find a Medicare Prescription Drug Plan."

Medicare.gov

File Edit View Favorites Tools Help

Prescription Drug Plan Finder Learn How Plans Work Plans In Your State

Welcome > Search Options

Medicare Prescription Drug Plan Finder

Step 1: Search Options 1 Search Options 2 Current Coverage Information 3 Review Plan Results & Options 4 Medication & Pharmacy Selection 5 Review Plan Details & Enroll

You can perform a personalized search by entering your Medicare insurance information.

Please enter your Medicare claim number as it appears on your Medicare insurance card.

RRB Beneficiaries
Use this form to enter your Medicare Claim Number

Medicare Card Sample

MEDICARE HEALTH INSURANCE
1-800-MEDICARE (1-800-633-4227)
NAME OF BENEFICIARY: JANE DOE
000-00-0000- FEMALE
HOSPITAL MEDICAL (PART A) (PART B)
07-01-1986
07-01-1986
SIGN HERE: Jane Doe

[View Larger Image](#)

If you do not have your Medicare insurance information, you can perform a general search to find prescription drug plans.

It is recommended that you complete the personalized plan search before enrolling in a prescription drug plan.

Benefits of Providing Personal Information

A. Personalized plan search

Personal Information

Medicare claim number: 123 45 6789 8

Last name: Smith

Date of birth: April 11 1926

Effective date for Medicare Part A or B: Hospital Part A April 1991

ZIP code: 11754

Search Plans (Click to agree to the terms and conditions of the [User Agreement](#) and begin your search.)

All information you provide on this site is secure. We will not keep or use your information other than to let you know what plans are available to you.

B. General Plan Search

Providing your personal information will ensure you receive the most accurate results for the new Medicare prescription drug benefit, how it applies to you, and how much you will pay.

Perform a general plan search without providing your personal information.

General Search (Click to agree to the terms and conditions of the [User Agreement](#) and begin your search.)

Document: Done Internet

1 Go to Section A, "Personalized plan search."

2 Enter your Medicare claim number (see Extra Tip A).

3 Enter your last name.

4 Enter your date of birth.

5 Select whether you have Medicare Hospital (Part A) or Medical (Part B). If you have both Part A and Part B, select Hospital (Part A).

6 Enter your effective date (see Extra Tip B).

7 Enter your ZIP code.

8 Click on the "Search Plans" button.

A. Your Medicare claim number is located below your name on your Medicare ID card.

B. Your effective date is located on the right side of your Medicare ID card.

C. If you do not want to conduct a Personalized Plan Search, you can do a General Plan Search. Just click on the "General Search" button.

D. The closed lock means that your personal data is safe and protected on this screen.

Prescription Drug Plan Finder [Learn How Plans Work](#) [Plans In Your State](#)

Welcome > [Search Options](#) > General Questions Interim

Thank you

Thank you for choosing to personalize your search. We have completed the use of your personal data, and will not be saving the data you entered.

We need to ask you a few more questions. Since these questions do not involve personally identifiable information, you will be redirected to a nonsecure connection. **No personal data will be retransmitted through that connection. However, we will persist your ZIP code for your convenience.**

Please be advised that this screen will only show up if a user is not already enrolled in MA Plan, Employer Subsidy Plan, PDP, or MA-PD.

[< Return to Previous Page](#) **1** [Continue to General Search >](#)

- 1 Click on the right-hand button, "Continue to General Search."

Prescription Drug Plan Finder Learn How Plans Work Plans In Your State

Welcome > Search Options > General Questions

Medicare Prescription Drug Plan Finder

Step 1: Search Options 1 Search Options 2 Current Coverage Information 3 Review Plan Results & Options 4 Medication & Pharmacy Selection 5 Review Plan Details & Enroll

General Questions:

To provide you with accurate information about the available plans in your area, please answer the following questions.

Enter your 5-digit ZIP code.

A. What is your ZIP code?

ZIP Code [ZIP Code Locator](#)

B. Current Prescription Drug Coverage

What types of prescription drug coverage do you have? (Check all that apply)

- ☐ Prescription drug coverage through Medicaid
- ☐ Prescription drug coverage through an employer or union retiree health plan
- ☐ Prescription drug coverage through Medigap (Medicare supplement insurance)
- ☐ Medigap (Medicare supplement insurance) without drug coverage
- ☐ Prescription drug coverage through a Medicare Advantage plan (like an HMO, PPO, or Private-Fee-for-Service Plan)
- ☐ I don't know
- ☒ None of the above

C. Eligible or Qualify for Additional Help

Did you get a letter from Medicare or the Social Security Administration (SSA) that said you are either **eligible for** or **qualified for** extra help paying for your Medicare Prescription drug plan costs?

☐ Yes ☐ No

< Return to Previous Page Continue >

- 1 If your ZIP code doesn't fill in automatically, enter it here.
- 2 Read all the options listed in Section B for Current Prescription Drug Coverage and check the one that applies to you. If you have no prescription drug coverage, check off "None of the above."
- 3 Go to Section C. Check "Yes" if you have received a letter from Medicare or the Social Security Administration saying that you are eligible or qualified for additional help. Check "No" if you haven't received a letter.
- 4 Click on the "Continue" button.

If you checked "Yes," a few more simple questions will pop up onscreen about the letter you received. Use the instructions to the left of each question to guide you. After you answer the questions, click on the "Continue" button at the bottom of your screen. This should take you to Screen 6.

Prescription Drug Plan Finder [Learn How Plans Work](#) [Plans In Your State](#)

Welcome > Search Options > General Questions > Review & Continue

Step 2: Current Coverage Information 1 Search Options 2 **Current Coverage Information** 3 Review Plan Results & Options 4 Medication & Pharmacy Selection 5 Review Plan Details & Enroll

I understand that I will not get Medicare prescription drug coverage with the Original Medicare Plan.

A. Decide on your plan options

You indicated that you do not have prescription drug coverage through a Medicare Prescription Drug Plan.

If you want to get Medicare prescription drug coverage, you will need to join a plan.

[Review details on plan options](#) 1

[< Return to Previous Page](#) [Choose a Drug Plan Type](#)

1 Click on "Review details on plan options."

Prescription Drug Plan Finder [Learn How Plans Work](#) [Plans In Your State](#)

Welcome > Search Options > General Questions > Review & Continue

Step 2: Current Coverage Information 1 Search Options **2 Current Coverage Information** 3 Review Plan Results & Options 4 Medication & Pharmacy Selection 5 Review Plan Details & Enroll

I understand that I will not get Medicare prescription drug coverage with the Original Medicare Plan.

A. Decide on your plan options

You indicated that you do not have prescription drug coverage through a Medicare Prescription Drug Plan.

If you want to get Medicare prescription drug coverage, you will need to join a plan.

Review details on plan options

Details on plan options

- If you want prescription drug coverage, you can join a Medicare plan offering prescription drug coverage. You can join a Medicare Prescription Drug Plan that adds drug coverage to the Original Medicare Plan.
- Or, you can join a Medicare Advantage Plan (like a HMO, PPO, or Private-Fee-for-Service Plan) or other Medicare Health Plan that offers health coverage and prescription drug coverage.
- You can join a plan offering prescription drug coverage from November 15, 2005 through May 15, 2006.
- If you don't join a Medicare drug plan before May 15, 2006, you will pay a **penalty** if you join a plan later.
- If you move into a nursing home or other institution, you can switch Medicare drug plans at that time if you choose to.
- If you have limited income and resources, you may be eligible for extra help paying for Medicare prescription drug coverage. Click to view the **SSA** website to learn more.
- If you get benefits through Programs of All-inclusive Care for the Elderly (PACE), you do not need to join a separate Medicare drug plan because you will get Medicare prescription drug coverage through your PACE plan. Click to read **more information**.

< Return to Previous Page Choose a Drug Plan Type

1 Read the information listed under "Details on plan options." This is an outline of choices based on your coverage situation.

2 Click on the right-hand button, "Choose a Drug Plan Type."

The details shown here are for someone with no prescription coverage. Your options may be different.

Prescription Drug Plan Finder [Learn How Plans Work](#) [Plans In Your State](#)

Welcome > Search Options > General Questions > Review & Continue > Select Path

Medicare Prescription Drug Plan Finder

Step 3: Review Plan Results & Options 1 Search Options 2 Current Coverage Information 3 **Review Plan Results & Options** 4 Medication & Pharmacy Selection 5 Review Plan Details & Enroll

Choose Drug Plan Type:

You can get Medicare prescription drug coverage in two different ways.

A. Your Current Health Plan Type

We do not have information to determine if you are receiving your Medicare benefits through an Original Medicare Plan or a Medicare Advantage (or other Medicare health plan).

B. Medicare Advantage Plans and Other Medicare Health Plans

These plans include HMOs, PPOs, and Private-Fee-for-Service plans. They offer complete Medicare-covered health care, including drug coverage, through a single plan. Most of these plans generally offer extra benefits and lower copayments than the Original Medicare Plan. However, you may have to see doctors that belong to the plan or go to certain hospitals to get services.

[Search for Medicare Advantage Plans](#)

C. Medicare Prescription Drug Plans

These plans add coverage to the Original Medicare Plan (and Medicare Cost Plans and some Medicare Private-Fee-for-Service plans). The Original Medicare Plan is a fee-for-service plan. You can go to any doctor or hospital that accepts Medicare.

☐ Also include Medicare Advantage and Other Medicare Health Plans

[Search for Medicare Prescription Drug Plans](#)

1 To learn about Medicare prescription drug plans, skip to Section C and click on the “Search for Medicare Prescription Drug Plans” button. See the Extra Tip below if you’d also like to include other types of Medicare plans in your search.

If you also want to learn about Medicare Advantage Plans or other Medicare Health Plans, check this box before clicking on “Search for Medicare Prescription Drug Plans.”

Prescription Drug Plan Finder [Learn How Plans Work](#) [Plans In Your State](#)

Welcome > Search Options > General Questions > Review & Continue > Select Path

Medicare Prescription Drug Plan Finder

Step 3: Review Plan Results & Options 1 Search Options 2 Current Coverage Information 3 **Review Plan Results & Options** 4 Medication & Pharmacy Selection 5 Review Plan Details & Enroll

1 **A. 47 Medicare Prescription Drug plans are available in your area**

Click on the "View Plan List" button to view your plans.

The following criteria have been applied: None

[View Plan List](#) [New Search](#)

B. Enter your medications

After you have reviewed your plan list, you can further personalize your plan information by entering your current medications list. To enter your medication(s), please click on Enter my medications.

If your total monthly drug cost is more than 35 dollars, we strongly recommend that you personalize your search by entering your drugs as this will provide you with the most personalized plan information.

[Enter my medications](#)

C. Limit your drug plans **2**

Annual Deductible: To limit by deductible, enter an amount ranging from \$0.00 to \$250.00.

Monthly Drug Premium: To limit by premiums, enter a premium amount ranging from \$4.10 to \$85.02.

Annual Deductible: \$
(Enter an amount between \$0.00 and \$250.00)

Monthly Drug Premium: \$
(Enter an amount between \$4.10 and \$85.02)

Mail Order Availability: [Select one](#)

Company: [Limit by Company Name](#)

[Apply Limits](#) [Clear Limits](#)

The following criteria have been applied: None

1 Go to Section A to find out how many drug plans are available in your community. In the example at left, there are 47 plans in the area.

There may be many drug plans in your area to choose from. Medicare prescription drug plans will have different costs and cover different drugs. Your goal is to choose a plan that meets your needs. Sections B and C on this screen will help you narrow your search based on your personal needs. You can read more about plans after you have narrowed your search in the next few steps.

2 Skip to Section C, "Limit your drug plans," which will let you narrow down your search based on plan features that are important to you. (See Screen 10 for an example.) We will return to Section B later.

Prescription Drug Plan Finder [Learn How Plans Work](#) [Plans In Your State](#)

Welcome > Search Options > General Questions > Review & Continue > Select Path

Medicare Prescription Drug Plan Finder

Step 3: Review Plan Results & Options 1 Search Options 2 Current Coverage Information 3 **Review Plan Results & Options** 4 Medication & Pharmacy Selection 5 Review Plan Details & Enroll

B. Enter your medications

After you have reviewed your plan list, you can further personalize your plan information by entering your current medications list. To enter your medication(s), please click on Enter my medications.

If your total monthly drug cost is more than 35 dollars, we strongly recommend that you personalize your search by entering your drugs as this will provide you with the most personalized plan information.

[Enter my medications](#)

C. Limit your drug plans

Annual Deductible: To limit by deductible, enter an amount ranging from \$0.00 to \$250.00.

Monthly Drug Premium: To limit by premiums, enter a premium amount ranging from \$4.10 to \$85.02.

Mail Order Availability: To limit the drug plans that let you get your prescription drug by mail order, select "Yes".

Company: Click on the "Limit by Company Name" button to view the list of companies available that you can choose from.

Annual Deductible:
(Enter an amount between \$0.00 and \$250.00)

Monthly Drug Premium:
(Enter an amount between \$4.10 and \$85.02)

Mail Order Availability:

Company:

[Apply Limits](#) [Clear Limits](#)

The following criteria have been applied: None

[View Plan List](#)

1 Read over the choices in Section C and then enter the plan features that are most important to you.

2 Click on "Apply Limits."
(See Screen 11.)

In the example at left, the person has entered an annual **deductible** of \$250, a monthly drug **premium** of \$25 and mail-order availability.

Step 3: Review Plan Results & Options

1 Search Options 2 Current Coverage Information 3 **Review Plan Results & Options** 4 Medication & Pharmacy Selection 5 Review Plan Details & Enroll

1 **A. 13 Medicare Prescription Drug plans are available in your area**

Click on the "View Plan List" button to view your plans.

The following criteria have been applied:

- Annual Deductible
- Monthly Drug Premium
- Mail Order Availability

Hide Plan List New Search

Sort Plans By Name

These results are sorted by the **Monthly Drug Premium**. To sort plans by name, click the "Sort Plans By Name" link above. To view more information about each plan, click on the Company Name for each plan.

Company Name (Cobrand Name)	Plan Name	Monthly Drug Premium	Annual Deductible	Cost Sharing	Coverage in the Gap ¹	Formulary (% of drugs covered) ²	Enroll
Company A	Drug Plan A	\$4.10	\$250	25%	No gap coverage	100%	ENROLL
Approved by Medicare							
Company B	Drug Plan B	\$9.42	\$0	\$7 - \$60 25%	No gap coverage	100%	ENROLL

1 Go to Section A to review your narrowed search. In the example at left, the list is now narrowed down to 13 plans (from the 47 plan choices shown in Screen 9). You can review your plan list now. However, we recommend narrowing your search even further by searching for plans that cover your medicines.

2 On the same screen, click on the down arrow to find Section B, "Enter my medications." (See Screen 12.)

At any time in your search, you may click on the underlined plan name to open a window explaining specific details about that plan. Just close that window to get back to where you were.

You may want to print this page and refer to this column later if you are concerned about your costs during the **coverage gap** (or "doughnut hole").

Plan Results **Learn How Plans Work** **Other Assistance**

Step 3: Review Plan Results & Options 1 Search Options 2 Current Coverage Information 3 **Review Plan Results & Options** 4 Medication & Pharmacy Selection 5 Review Plan Details & Enroll

Company C	Drug Plan C							

< Previous 1 2 3 Next > Plans Per Page 5

¹ Plans that provide some form of coverage during the period when you typically would pay 100% of your drug costs are indicated by a "Yes" in the "Coverage in the Gap" column above. To view additional information about the type of coverage available during this period, please click the plan name in the table above and then click on "View Important Notes" in the window with the plan's information. If you personalize your search by entering your medications, the drug costs during the "coverage gap" will reflect this coverage.

² This value indicates what percentage of the top 100 most commonly used drugs by people with Medicare is covered by a particular plan's formulary.

B. Enter your medications

After you have reviewed your plan list, you can further personalize your plan information by entering your current medications list. To enter your medication(s), please click on Enter my medications.

If your total monthly drug cost is more than 35 dollars, we strongly recommend that you personalize your search by entering your drugs as this will provide you with the most personalized plan information.

Enter my medications 1

- 1 Click on the "Enter my medications" button.

Personalize Learn How Plans Work Other Assistance

Drug Selection

Medicare Prescription Drug Plan Finder

Step 4: Medication & Pharmacy Selection 1 Search Options 2 Current Coverage Information 3 Review Plan Results & Options 4 Medication & Pharmacy Selection 5 Review Plan Details & Enroll

To estimate your cost for a Medicare Prescription Drug Plan, we need to know what drugs you may be taking.

A. Find your drugs by name

Drug Name: Drug Name A (Type your drug name here and click [Search for Drug])

Search for Drug

To add your drugs:

A. Find your drug(s), and add them to your list.

B. Review your drug list.

C. Choose how you want to view plans.

Other drug search options:

1. **Search for drugs by first letter.**

B. Review your drug list

No drugs selected.

C. Choose how you want to view your plans

< Return to Previous Page

- 1 In Section A, type the name of the drug into the space beside "Drug Name."
- 2 Click on the "Search for Drug" button.

Use your Prescription Log from page 5 of this brochure to fill in this information.

Personalize Learn How Plans Work Other Assistance

Drug Selection

Medicare Prescription Drug Plan Finder

Step 4: Medication & Pharmacy Selection 1 Search Options 2 Current Coverage Information 3 Review Plan Results & Options 4 Medication & Pharmacy Selection 5 Review Plan Details & Enroll

To estimate your cost for a Medicare Prescription Drug Plan, we need to know what drugs you may be taking.

A. Find your drugs by name

Drug Name: (Type your drug name here and click [Search for Drug])

1

2 (Select your drug from this list and click [Add Selected Drug to My List])
Note: Generic drug names are in all Caps.

3

Other drug search options.

1. Search for drugs by first letter.

B. Review your drug list

No drugs selected.

C. Choose how you want to view your plans

< Return to Previous Page

- 1 A drop-down menu will appear with a list of medicine names.
- 2 Click on the name of your medicine so that it is highlighted.
- 3 Click on "Add Selected Drug to My List" button.

If you are not sure of a drug name and would like to find it, click here and search by first letter.

Personalize Learn How Plans Work Other Assistance

Drug Selection

Medicare Prescription Drug Plan Finder

Step 4: Medication & Pharmacy Selection 1 Search Options 2 Current Coverage Information 3 Review Plan Results & Options 4 Medication & Pharmacy Selection 5 Review Plan Details & Enroll

To estimate your cost for a Medicare Prescription Drug Plan, we need to know what drugs you may be taking.

A. Find your drugs by name

Drug Name: (Type your drug name here and click [Search for Drug])

To add your drugs:

A. Find your drug(s), and add them to your list.

B. Review your drug list.

C. Choose how you want to view plans.

Other drug search options:

1. **Search for drugs by first letter.**

Review the list of drugs you've added to your list. If you'd like to remove any of them from this list, click the Remove button.

B. Review your drug list

Drug Name	Lower Cost Generic	Remove
Drug Name A	GENERIC NAME A	<input type="button" value="Remove"/>

To add more drugs to your list, click [Add Additional Drugs]

When you are done adding drugs, click [Continue with Selected Drugs]

☒ Use lower cost generic drugs when available. (What does this mean?)

C. Choose how you want to view your plans

1 If you have more than one medicine, click on the left button, "Add Additional Drugs."

2 Clicking on "Add Additional Drugs" will take you back to Section A, where you can type in the name of the next medicine.

3 When all of your medicines have been entered, click on the right button, "Continue with Selected Drugs."

Generic drug names are noted in ALL CAPS.

If there is no **generic** available for your medicine, or you would prefer not to use a lower-cost generic medicine, leave this box unchecked.

Personalize Learn How Plans Work Other Assistance

Drug Selection

Medicare Prescription Drug Plan Finder

Step 4: Medication & Pharmacy Selection 1 Search Options 2 Current Coverage Information 3 Review Plan Results & Options 4 Medication & Pharmacy Selection 5 Review Plan Details & Enroll

To estimate your cost for a Medicare Prescription Drug Plan, we need to know what drugs you may be taking.

A. Find your drugs by name

Drug Name: (Type your drug name here and click [Search for Drug])

To add your drugs:

A. Find your drug(s), and add them to your list.

B. Review your drug list.

C. Choose how you want to view plans.

Other drug search options:

1. **Search for drugs by first letter.**

Review the list of drugs you've added to your list. If you'd like to remove any of them from this list, click the Remove button.

To add more drugs to your list, click [Add Additional Drugs]

When you are done adding drugs, click [Continue with Selected Drugs]

B. Review your drug list

Drug Name	Lower Cost Generic	Remove
Drug Name A	Generic not available	<input type="button" value="Remove"/>
Drug Name B	Already generic	<input type="button" value="Remove"/>
DRUG NAME C	GENERIC NAME C	<input type="button" value="Remove"/>

☒ Use lower cost generic drugs when available. **(What does this mean?)**

C. Choose how you want to view your plans

Do you want to enter your exact drug dose and quantity?

(NOTE: If you are taking medications that are liquids, patches, creams/ointments, inhalers or injections; or taking medications in quantities other than 30 per month, please update the quantity by clicking the [Change/Update My Drug Dose & Quantity] button.)

Yes:

No:

1 Click on the button that says "Continue with Common Drug Dose & 30-day Quantity."

If you use more than the common dosage for your medicines, you may want to choose this option instead. Just click on "Change/Update My Drug Dose & Quantity" to customize your search.

Personalize **Learn How Plans Work** **Other Assistance**

Drug Selection

Medicare Prescription Drug Plan Finder

Step 4: Medication & Pharmacy Selection 1 Search Options 2 Current Coverage Information 3 Review Plan Results & Options 4 **Medication & Pharmacy Selection** 5 Review Plan Details & Enroll

To estimate your cost for a Medicare Prescription Drug Plan, we need to know what drugs you may be taking.

A. Find your drugs by name

Drug Name: (Type your drug name here and click [Search for Drug])

To add your drugs:

A. Find your drug(s), and add them to your list.

B. Review your drug list.

C. Choose how you want to view plans.

Other drug search options:

1. **Search for drugs by first letter.**

Review the list of drugs you've added to your list. If you'd like to remove any of them from this list, click the Remove button.

B. Review your drug list

Drug Name	Lower Cost Generic	Remove
Drug Name A	Generic not available	<input type="button" value="Remove"/>
Drug Name B	Already generic	<input type="button" value="Remove"/>
DRUG NAME C	GENERIC NAME C	<input type="button" value="Remove"/>

☒ Use lower cost generic drugs when available. **(What does this mean?)**

C. Choose how you want to view your plans

Do you want to enter your exact drug dose and quantity?

(NOTE: If you are taking medications that are liquids, patches, creams/ointments, inhalers or injections; or taking medications in quantities other than 30 per month, please update the quantity by clicking the [Change/Update My Drug Dose & Quantity] button.)

Yes:

No: ☒ Your Choice

Do you want to get your drugs at a particular pharmacy or pharmacies? (If not, we will find the least expensive plan in your area.)

Yes:

No:

1 In Section C, click on the "Select My Preferred Pharmacy" button to limit your search based on your preferred pharmacy.

Part D plans have negotiated different prices at different pharmacies. Your selected pharmacy may not offer the lowest price for your medicine.

If you select "No: Continue to Plan List" here, you will be shown the least expensive pharmacies in your area.

Personalize **Learn How Plans Work** **Other Assistance**

Drug Selection > Pharmacy Selection

Medicare Prescription Drug Plan Finder

Step 4: Medication & Pharmacy Selection 1 Search Options 2 Current Coverage Information 3 Review Plan Results & Options 4 **Medication & Pharmacy Selection** 5 Review Plan Details & Enroll

A. Confirm pharmacy selection

Different pharmacies charge different prices. You may not find the least expensive plan if you select a specific pharmacy. Do you want to select a specific pharmacy or pharmacies anyway?

Yes: 1

No:

- 1 Click on the button that says "Continue to Pharmacy Selection."

Personalize Learn How Plans Work Other Assistance

Drug Selection > Pharmacy Selection

Medicare Prescription Drug Plan Finder

Step 4: Medication & Pharmacy Selection 1 Search Options 2 Current Coverage Information 3 Review Plan Results & Options 4 Medication & Pharmacy Selection 5 Review Plan Details & Enroll

There are 5 pharmacies within 2 mile(s) of the ZIP code 11754. Please choose up to three pharmacies from the list and click [Continue with Selected Pharmacies]. If your pharmacy is not listed, try changing search criteria below.

A. Select up to three (3) pharmacies

Pharmacy Name
PHARMACY A <input checked="" type="checkbox"/> 18 INDIAN HEAD RD, KINGS PARK, NY 11754
PHARMACY B <input type="checkbox"/> PO BOX 9000, KINGS PARK, NY 11754
PHARMACY C <input checked="" type="checkbox"/> 629 E MAIN ST RT 25 A, KINGS PARK, NY 11754
PHARMACY D <input type="checkbox"/> 395 SUNKEN MEADOW RD, KINGS PARK, NY 11754
PHARMACY E <input checked="" type="checkbox"/> 62 INDIAN HEAD RD #A, KINGS PARK, NY 11754

Continue with Selected Pharmacies

B. Find other/more pharmacies

Show Pharmacies with the Following Criteria:

ZIP code:	11754
Pharmacies within:	2 mile(s)
Find Pharmacies	

Return to Previous Page

1 In Section A, select up to three pharmacies by clicking on their check boxes.

2 Click on the "Continue with Selected Pharmacies" button.

Plan Results **Learn How Plans Work** **Other Assistance**

Plan Comparison

Medicare Prescription Drug Plan Finder

Step 5: Review Plan Details & Enroll 1 Search Options 2 Current Coverage Information 3 Review Plan Results & Options 4 Medication & Pharmacy Selection 5 **Review Plan Details & Enroll**

Plan Comparison

Thank you for submitting your information.

This tool provides useful information to help you review plans based on your current drug needs. The drug costs displayed are estimates based on your current drug use and pharmacy preference. These estimates may vary based on the specific quantity, strength and/or dosage of the medication, the order in which you purchase your prescriptions, and the pharmacy you use. But it also is important to look beyond your current needs at the insurance value of Medicare prescription drug coverage. Enrolling now gives you peace of mind because the coverage will be there even if your drug needs become more significant in the future. And any time you spend out-of-pocket more than \$3,600 in a year, Medicare will pay almost all of your remaining drug costs. If the plan you are looking for is not listed below, pricing may not be immediately available for that plan. Please contact the plan directly for information. (Use your browser back button to return to Step 3 if you need contact information for the plan you are interested in.)

You can review the strength and quantities of your drugs at the bottom of this page and make changes as necessary. Clicking the "Update Dosage/Quantity" button will update plan pricing based on your changes. **Information on Choosing a Plan.**

[Start a New Search](#)

Prescription Drug Plan Comparison									
Select To Compare	Plan Summary		Plan Information			What You'll Pay			Enroll
	Plan Name	Estimated Annual Cost	More About This Plan (select option to view)	Mail Order	# of Pharmacies	Annual Deductible	Monthly Drug Premium	Monthly Cost Share	
<input type="checkbox"/>	Drug Plan A <i>Approved by Medicare</i>	\$3,757	Select Below	Yes	3	\$0.00	\$9.42	\$228.40	<input type="button" value="Enroll"/>
<input type="checkbox"/>	Drug Plan B <i>Approved by Medicare</i>	\$3,906	Select Below	Yes	4	\$0.00	\$24.96	\$222.00	<input type="button" value="Enroll"/>
<input type="checkbox"/>	Drug Plan C 3 <i>Approved by Medicare</i>	\$3,920	Select Below	Yes	4	\$50.00	\$22.38	\$223.00	<input type="button" value="Enroll"/>
<input type="checkbox"/>	Drug Plan D <i>Approved by Medicare</i>	\$3,963	Select Below	Yes	3	\$250.00	\$4.10	\$234.63	<input type="button" value="Enroll"/>
<input type="checkbox"/>	Drug Plan E <i>Approved by Medicare</i>	\$4,179	Select Below	Yes	2	\$0.00	\$24.56	\$222.25	<input type="button" value="Enroll"/>

<Previous 1 2 3 Next> Plans per page: 5

The Monthly Cost Share is the amount you will pay for drugs after you've met any applicable deductible, but before you reach any coverage limits. Please select "View Cost Details" for more information.

Compare up to 3 Plans

- 1 Review plan specifics in the Plan Comparison page.
- 2 There may be many plans to choose from. For a more complete view of plan choices, go to the lower right-hand corner of the yellow "Prescription Drug Plan Comparison" box and click on the down arrow in the "Plans per page" box. Select "All" to see all plans on one screen. (You may want to print this page if you need more time to review the information.)
- 3 When you click on the underlined plan name, a new screen will open that explains specific details about that plan.

Tips A, B, C and D are located on next page.

Plan Results
Learn How Plans Work
Other Assistance

Plan Comparison

Medicare Prescription Drug Plan Finder

Step 5: Review Plan Details & Enroll
1 Search Options
2 Current Coverage Information
3 Review Plan Results & Options
4 Medication & Pharmacy Selection
5 Review Plan Details & Enroll

Plan Comparison

Thank you for submitting your information.

This tool provides useful information to help you review plans based on your current drug needs. The drug costs displayed are estimates based on your current drug use and pharmacy preference. These estimates may vary based on the specific quantity, strength and/or dosage of the medication, the order in which you purchase your prescriptions, and the pharmacy you use. But it also is important to look beyond your current needs at the insurance value of Medicare prescription drug coverage. Enrolling now gives you peace of mind because the coverage will be there even if your drug needs become more significant in the future. And any time you spend out-of-pocket more than \$3,600 in a year, Medicare will pay almost all of your remaining drug costs. If the plan you are looking for is not listed below, pricing may not be immediately available for that plan. Please contact the plan directly for information. (Use your browser back button to return to Step 3 if you need contact information for the plan you are interested in.)

You can review the strength and quantities of your drugs at the bottom of this page and make changes as necessary. Clicking the "Update Dosage/Quantity" button will update plan pricing based on your changes. **Information on Choosing a Plan.**

[Start a New Search](#)

A

B

C

D

Prescription Drug Plan Comparison									
Select To Compare	Plan Summary		Plan Information			What You'll Pay			Enroll
	Plan Name	Estimated Annual Cost	More About This Plan (select option to view)	Mail Order	# of Pharmacies	Annual Deductible	Monthly Drug Premium	Monthly Cost Share	
<input type="checkbox"/>	Drug Plan A <i>Approved by Medicare</i>	\$3,757	Select Below	Yes	3	\$0.00	\$9.42	\$228.40	<input type="button" value="Enroll"/>
<input type="checkbox"/>	Drug Plan B <i>Approved by Medicare</i>	\$3,906	Select Below	Yes	4	\$0.00	\$24.96	\$222.00	<input type="button" value="Enroll"/>
<input type="checkbox"/>	Drug Plan C <i>Approved by Medicare</i>	\$3,920	Select Below	Yes	4	\$50.00	\$22.38	\$223.00	<input type="button" value="Enroll"/>
<input type="checkbox"/>	Drug Plan D <i>Approved by Medicare</i>	\$3,963	Select Below	Yes	3	\$250.00	\$4.10	\$234.63	<input type="button" value="Enroll"/>
<input type="checkbox"/>	Drug Plan E <i>Approved by Medicare</i>	\$4,179	Select Below	Yes	2	\$0.00	\$24.56	\$222.25	<input type="button" value="Enroll"/>

<Previous 1 2 3 Next>
Plans per page: 5

The Monthly Cost Share is the amount you will pay for drugs after you've met any applicable deductible, but before you reach any coverage limits. Please select "View Cost Details" for more information.

Compare up to 3 Plans

A "Estimated Annual Cost" is based on your current medicines and your selected pharmacy.

B "Annual **Deductible**" is the amount you will have to pay first for your prescription drugs each year before your plan starts to pay.

C "Monthly Drug **Premium**" is the amount you pay each month for prescription drug coverage.

D "Monthly **Cost Share**" is the **copayment** and/or **coinsurance** amount range you will pay for each prescription. In this chart, this is the amount you will pay for drugs after you've met any **deductible** but before you reach any **initial coverage limit**. Plans can make changes in coverage and costs. Call the plan to get all the details.

Plan Comparison

Thank you for submitting your information.

This tool provides useful information to help you review plans based on your current drug needs. The drug costs displayed are estimates based on your current drug use and pharmacy preference. These estimates may vary based on the specific quantity, strength and/or dosage of the medication, the order in which you purchase your prescriptions, and the pharmacy you use. But it also is important to look beyond your current needs at the insurance value of Medicare prescription drug coverage. Enrolling now gives you peace of mind because the coverage will be there even if your drug needs become more significant in the future. And any time you spend out-of-pocket more than \$3,600 in a year, Medicare will pay almost all of your remaining drug costs. If the plan you are looking for is not listed below, pricing may not be immediately available for that plan. Please contact the plan directly for information. (Use your browser back button to return to Step 3 if you need contact information for the plan you are interested in.)

You can review the strength and quantities of your drugs at the bottom of this page and make changes as necessary. Clicking the "Update Dosage/Quantity" button will update plan pricing based on your changes. [Information on Choosing a Plan.](#)

[Start a New Search](#)

Prescription Drug Plan Comparison									
Select To Compare	Plan Summary		Plan Information			What You'll Pay			Enroll
	Plan Name	Estimated Annual Cost	More About This Plan (select option to view)	Mail Order	# of Pharmacies	Annual Deductible	Monthly Drug Premium	Monthly Cost Share	
<input type="checkbox"/>	Drug Plan A <i>Approved by Medicare</i>	\$2,404	Select Below	Yes	3	\$250.00	\$4.10	\$189.29	Enroll
<input type="checkbox"/>	Drug Plan B <i>Approved by Medicare</i>	\$2,494	Select Below	Yes	3	\$0.00	\$9.42	\$198.40	Enroll
<input type="checkbox"/>	Drug Plan C <i>Approved by Medicare</i>	\$2,614	Select Below	Yes	2	\$0.00	\$24.56	\$193.25	Enroll
<input type="checkbox"/>	Drug Plan D <i>Approved by Medicare</i>	\$2,616	Select Below	Yes	4	\$50.00	\$22.38	\$192.00	Enroll
<input type="checkbox"/>	Drug Plan E <i>Approved by Medicare</i>	\$2,629	Select Below	No	3	\$250.00	\$22.23	\$189.96	Enroll
<input type="checkbox"/>	Drug Plan F <i>Approved by Medicare</i>	\$2,640	Select Below	Yes	4	\$0.00	\$24.96	\$195.00	Enroll
	Drug Plan G								

- 1 If you are viewing all plans at once, scroll down (click on the down arrow) to read the entire list. (You may want to print this page if you need more time to consider your options.)

1

Plan Results
Learn How Plans Work
Other Assistance

Plan Comparison

Medicare Prescription Drug Plan Finder

Step 5: Review Plan Details & Enroll
1 Search Options
2 Current Coverage Information
3 Review Plan Results & Options
4 Medication & Pharmacy Selection
5 Review Plan Details & Enroll

<input checked="" type="checkbox"/>	Drug Plan H	\$5,344	Select Below	Yes	3	\$0.00	\$18.24	\$427.10	Enroll
	Approved by Medicare								
<input type="checkbox"/>	Drug Plan I	\$5,357	Select Below	Yes	2	\$250.00	\$20.84	\$421.70	Enroll
	Approved by Medicare								
<input checked="" type="checkbox"/>	Drug Plan J	\$5,613	Select Below	Yes	4	\$0.00	\$17.13	\$450.65	Enroll
	Approved by Medicare								
<input checked="" type="checkbox"/>	Drug Plan K	\$5,752	Select Below	Yes	3	\$0.00	\$17.15	\$462.15	Enroll
	Approved by Medicare								

Plans per page: All

The Monthly Cost Share is the amount you will pay for drugs after you've met any applicable deductible, but before you reach any coverage limits. Please select "View Cost Details" for more information.

Compare up to 3 Plans

2

My Information

Selected Pharmacies

Selected Pharmacies

PHARMACY A
18 INDIAN HEAD RD, KINGS PARK, NY 11754
PHARMACY B
629 E MAIN ST RT 25 A, KINGS PARK, NY 11754
PHARMACY C
62 INDIAN HEAD RD #A, KINGS PARK, NY 11754

Change Pharmacy Selection

Selected Drugs

To update your medication's dosage/quantity, select the appropriate dosage below, enter the Monthly quantity in the quantity field, and click *Update Dosage/Quantity*.

Drug Name	30-Day Quantity	Options
Drug Name A	30 per Month	Add Additional Doses Remove
Drug Name B	30 per Month	Add Additional Doses Remove
DRUG NAME C	2,500 GM BOTTLE 1 per Month	Add Additional Doses Remove
Add Additional Medications Update Dosage/Quantity		

Note: Generic drug names are in all Caps

Return to Previous Page

1 To do a side-by-side comparison of the three plans you are most interested in, click on their check boxes.

2 Then click on the "Compare up to 3 Plans" button.

Plan Results **Learn How Plans Work** **Other Assistance**

Plan Comparison > Plan Details

Medicare Prescription Drug Plan Finder

Step 5: Review Plan Details & Enroll 1 Search Options 2 Current Coverage Information 3 Review Plan Results & Options 4 Medication & Pharmacy Selection 5 **Review Plan Details & Enroll**

Compare Plans

Click the **View Important Notes** button to view additional information on the selected plan. To enroll in a plan, click the **Enroll** button for the selected plan.

Plan Information	Drug Plan A	Drug Plan B	Drug Plan C
Plan Information	Approved by Medicare P.O. Box 29350 Hot Springs, AR 71903 Phone: (888) 556-7060	Approved by Medicare 500 West Main Street Louisville, KY 40202 Phone: (800) 281-6918	Approved by Medicare 500 West Main Street Louisville, KY 40202 Phone: (800) 281-6918
	1 View Important Notes A	View Important Notes	B View Important Notes
Your Total Annual Drug Plan Cost	\$3,892	\$2,375	\$3,689
Fixed Cost Details:			
Monthly Prescription Drug Premium	\$22.38/month	\$47.93/month	\$4.10/month
Deductible	\$50.00	\$0.00	\$250.00
Initial Coverage Limit (amount you have to spend before your copay or coinsurance changes)			
	\$2,250.00	\$0.00	\$2,250.00
Your Monthly Drug Costs after you have met your deductible but before your total drug costs reach the Initial Coverage Limit			
Drug Name A	\$54.00	\$60.00	\$62.72
Drug Name B	\$23.00	\$30.00	\$17.38
DRUG NAME C	\$23.00	\$30.00	\$29.78
Drug Name D	\$23.00	\$30.00	\$7.93
Total Monthly Cost (Hide Details)	\$123.00	\$150.00	\$117.81
Your Monthly Drug Costs after your total drug costs reach the initial coverage limit but before your total out of pocket expense equals \$3,600.00			
Total Monthly Cost (Show Details)	\$478.20	\$150.00	\$471.26
Your Monthly Drug Costs after your total out of pocket expenses equal \$3,600.00			
Total Monthly Cost (Show Details)	\$28.56	\$28.50	\$28.50
Pharmacy Network:			
Pharmacy Network:	4 network pharmacies in your ZIP code 4 preferred.	3 network pharmacies in your ZIP code 3 preferred.	3 network pharmacies in your ZIP code 3 preferred.
Mail Order:			
Mail Order:	Yes	Yes	Yes
Actions:			
	Enroll in this Plan	Enroll in this Plan	Enroll in this Plan

2 **Return to Previous Page** **Return to Personalized Plan List**

3

1 Be sure to read important plan information by clicking on “View Important Notes.”

2 If you would like to do another side-by-side comparison, click on the “Return to Previous Page” button on the lower left-hand side of the screen, and repeat the process of checking the boxes and clicking on “Compare up to 3 Plans.”

3 If you’re ready to enroll, click on the “Enroll in this Plan” button that’s located at the bottom of the column of the plan you want to join.

Tips A, B, C, D, E and F are located on next page.

Plan Results **Learn How Plans Work** Other Assistance

Plan Comparison > Plan Details

Medicare Prescription Drug Plan Finder

Step 5: Review Plan Details & Enroll 1 Search Options 2 Current Coverage Information 3 Review Plan Results & Options 4 Medication & Pharmacy Selection 5 Review Plan Details & Enroll

Compare Plans

Click the **View Important Notes** button to view additional information on the selected plan. To enroll in a plan, click the **Enroll** button for the selected plan.

Plan Information			
	Drug Plan A	Drug Plan B	Drug Plan C
Plan Information	Approved by Medicare P.O. Box 29350 Hot Springs, AR 71903 Phone: (888) 556-7060 View Important Notes A	Approved by Medicare 500 West Main Street Louisville, KY 40202 Phone: (800) 281-6918 View Important Notes	Approved by Medicare 500 West Main Street Louisville, KY 40202 Phone: (800) 281-6918 View Important Notes B
Your Total Annual Drug Plan Cost	\$3,892	\$2,375	\$3,689
Fixed Cost Details:			
Monthly Prescription Drug Premium	\$22.38/month	\$47.93/month	\$4.10/month
Deductible	\$50.00	\$0.00	\$250.00
Initial Coverage Limit (amount you have to spend before your copay or coinsurance changes)			
	\$2,250.00	\$0.00	\$2,250.00
Your Monthly Drug Costs after you have met your deductible but before your total drug costs reach the Initial Coverage Limit			
Drug Name A	\$54.00	\$60.00	\$62.72
Drug Name B	\$23.00	\$30.00	\$17.38
DRUG NAME C	\$23.00	\$30.00	\$29.78
Drug Name D	\$23.00	\$30.00	\$7.93
Total Monthly Cost (Hide Details)	\$123.00	\$150.00	\$117.81
Your Monthly Drug Costs after your total drug costs reach the initial coverage limit but before your total out of pocket expense equals \$3,600.00			
Total Monthly Cost (Show Details)	\$478.20	\$150.00	\$471.26
Your Monthly Drug Costs after your total out of pocket expenses equal \$3,600.00			
Total Monthly Cost (Show Details)	\$28.56	\$28.50	\$28.50
Pharmacy Network:			
Pharmacy Network:	4 network pharmacies in your ZIP code 4 preferred.	3 network pharmacies in your ZIP code 3 preferred.	3 network pharmacies in your ZIP code 3 preferred.
Mail Order:			
Mail Order:	Yes	Yes	Yes
Actions:			
	Enroll in this Plan	Enroll in this Plan	Enroll in this Plan

Return to Previous Page Return to Personalized Plan List

A Check here for important details such as whether the plan offers national coverage or allows you to order more than a 30-day supply of your medicines.

B If you have questions about a plan's coverage, be sure to call and speak with a plan representative.

C In some plans, if your total drug costs reach an **initial coverage limit**, then you pay 100% of your prescription costs until you spend a certain amount. Some plans do not have an initial coverage limit. (See Drug Plan B in the example at left.)

D This is your estimated monthly drug cost *before* you reach the **initial coverage limit**.

E This is your estimated cost *during* the **coverage gap** (or "**doughnut hole**"). Some plans offer coverage in the gap.

F After your out-of-pocket expenses equal \$3,600, your drug plan pays 95% of the cost of your drugs. (This is sometimes called catastrophic coverage.)

Medicare Prescription Drug Plan Enrollment Center

Start Enrollment

You are enrolling in: **Your Selected Plan Name**

Please fill out the personal information below. When you're finished, please click the Continue button at the bottom.

To protect your privacy, we may be asking you to provide us information in the form below that you have already entered on this site. We're sorry for the inconvenience, but your privacy is important to us.

Note: This tool is entirely confidential. The information you are providing will only be used for the purposes of completing your enrollment in the Medicare Prescription Drug Plan that you selected. We will not share the information you provide with anyone for any other purpose.

1

Your Personal Information:	
Title:	<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Miss. <input type="radio"/> Ms.
Your Name:	<div>First Name M.I. Last Name</div>
Birth Date:	<div>--Month-- --Day-- --Year--</div>
Gender:	<input type="radio"/> Male <input type="radio"/> Female
Email Address: (This information is optional)	
Home Phone Number:	() - -
Permanent Residence:	
Street Address Line 1:	
Street Address Line 2:	
City:	
State:	--Choose a State/Province--
ZIP code:	

2

- 1 If you are now ready to join a plan, fill out the form carefully and completely.
- 2 When you're done entering the information on this page, click on the "Continue" button at the bottom of your screen.

Medicare Prescription Drug Plan Enrollment Center MedicareRx
Prescription Drug Coverage

Please Check Your Information

Your Personal Information:	
Title:	Mrs.
Your Name:	Jane Doe
Birth Date:	04/11/1926
Gender:	Female
Home Phone Number:	(123) 456 - 7890
Permanent Residence:	
Street Address Line 1:	123 Main Street
Street Address Line 2:	
City, State, ZIP code:	Commack, NY 11725
Mailing Address:	
Mailing Address is identical to your Permanent Residence Address	
Emergency Contact:	
You did not input emergency contact information	
Please Provide Your Medicare Insurance Information:	
Medicare Claim Number:	123-45-6789-B
Effective Date: Hospital (Part A):	04/11/1991
Effective Date: Medical (Part B):	04/11/1991
Your Plan Premium Payment Option:	
Would you like the premium for this plan deducted from your SSA monthly benefit check.	No
Please Answer the Following Questions to Help Medicare Coordinate Your Benefits:	
Will you have other prescription drug coverage in addition to this plan?	No
Are you a resident in a long-term care facility, such as a nursing home?	No

- 1 Recheck your information.
- 2 If everything is correct, click on the "Agree/Continue" button at the bottom of your screen.

Medicare Prescription Drug Plan Enrollment CenterMedicareRx
Prescription Drug Coverage**Please Read this Important Information**

If you are a member of a Medicare Advantage Plan (like an HMO or PPO), you may already have a prescription drug benefit from your Medicare Advantage plan that will meet your needs. By joining this plan, your membership in your Medicare Advantage plan may end. This will affect both your doctor and hospital coverage as well as your prescription drug benefits. Read the information that your Medicare Advantage plan sends you and if you have questions, contact your Medicare Advantage plan.

If you currently have health coverage from an employer or union, joining this plan could affect your employer or union health benefits. If you have health coverage from an employer or union, joining this plan may change how your current coverage works. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there is no information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

I understand that by clicking "I Understand" below means that I have read and understand the contents of this page.

[Cancel this Enrollment](#)[I Understand & Continue](#)

2

1 Read the important information.**2** Then click on the "I Understand & Continue" button to complete your enrollment.

Medicare Prescription Drug Plan Enrollment Center MedicareRx
Prescription Drug Coverage

Please Read and Sign Below:

By completing this enrollment application, I agree to the following:

Your Selected Plan Name is a Medicare drug plan and is in addition to my coverage under Medicare; therefore, I will need to keep my Medicare coverage. It is my responsibility to inform Your Selected Plan Name of any prescription drug coverage that I have or may get in the future. I can only be in one Medicare prescription drug plan at a time. Enrollment in this plan is generally for the entire year. I may leave this plan only at certain times of the year, or under certain special circumstances, by sending a request to Your Selected Plan Name or by calling 1-800-Medicare. TTY users should call 1-877-486-2048.

Your Selected Plan Name serves a specific service area. If I move out of the area that Your Selected Plan Name serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Your Selected Plan Name, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Your Selected Plan Name when I receive it to know which rules I must follow in order to receive coverage with this Medicare drug plan.

Release of Information:

By joining this Medicare prescription drug plan, I acknowledge that Your Selected Plan Name will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my e-Signature (or the e-Signature of the person authorized to act on behalf of the individual under the laws of the State where the individual resides) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request by Your Selected Plan Name or by Medicare.

Your e-Signature: ☒ I Agree

If you are the authorized representative, you must provide the following information:

Your Name:
First Name M.I. Last Name

Relationship to Enrollee:

Address:

City:

State:

ZIP code:

Home Phone Number: () -

- 1** Now you must provide a signature, called an “e-Signature.” Do this by checking the “I Agree” box in the center of the page.
- 2** Click on the “Agree/Continue” button at the bottom of the screen.

1

2

Medicare Prescription Drug Plan Enrollment Center MedicareRx
Prescription Drug Coverage X**Enrollment Successful**

You have successfully submitted your enrollment to: **Your Selected Plan Name**
Your Confirmation Number is: **12546193097060**

Please keep this information in case you have any questions about your enrollment.

Listed below is the contact information for your plan:

Your Selected Plan Name
Phone Number

Address

Continue >

If you would like to return to the Medicare home page, click here.
Otherwise, you can close this screen to end your Internet session.

Congratulations. You've joined a Medicare Prescription Drug Plan. **Print out this page and keep it in a safe place. It contains your enrollment confirmation number and your plan's contact information.**

Now that you've successfully joined a plan, you should receive an important information packet in the mail from the drug plan provider. This usually takes about two weeks. If you don't hear from the plan provider in a few weeks, you should contact the plan by calling the number listed on your enrollment confirmation sheet. Have your confirmation number handy when you call.

We hope this brochure has helped you understand your options and take action.

However, if you still have questions about plans and coverage, please call:

Medicare Hotline

1-800-MEDICARE

(1-800-633-4227)

TTY: 1-877-486-2048

24 hours a day/seven days a week

Social Security Administration

1-800-772-1213

TTY: 1-800-325-0778

weekdays, 7 a.m. – 7 p.m.

www.ssa.gov

There may be organizations in your community that can help you understand the Medicare prescription drug benefit and select a plan.

Check your local newspaper or call your local senior center. You can also get assistance by calling your State Health Insurance Assistance Program or your local office on aging. To find the number of your local office on aging, please visit www.eldercare.gov.

And a final reminder...

Please remember that [May 15, 2006](#), is the last day of the initial enrollment period for Medicare prescription drug plans.

It is important to join during the period when you are first eligible. If you join later on, you may have to pay a penalty.

Coinsurance or **copayments**. Your share of your prescription drug costs.

Cost share. The copayment and/or coinsurance amount range you will pay for each prescription. Plans can make changes in the list of prescription drugs they cover and their costs during the year. Call the plan to get all the details of prescription drug coverage, including the list of drugs the plan covers, so you understand any conditions or limits.

Coverage gap (sometimes called the “**doughnut hole**”). In some plans, if your costs reach an initial coverage limit, then you pay 100% of your prescription costs until you spend a certain amount. This is called the coverage gap. This “gap” in coverage is generally above \$2,250 in total drug costs until you spend \$3,600 out-of-pocket. Some plans might offer some coverage during the gap.

Deductible. The amount you must pay for health care before Medicare begins to pay, either for each benefit period for Part A, or each year for Part B and Part D. These amounts can change every year.

Formulary. A list of certain drugs and their proper dosages. In some Medicare health plans, doctors must order or use only drugs listed on the health plan’s formulary.

Generic. A lower-cost alternative to a brand-name medicine.

Initial coverage limit. In some plans, if your total drug costs reach an initial coverage limit, then you pay 100% of your prescription costs until you spend a certain amount.

Medicaid. A joint federal and state program that helps with medical costs for some people with low incomes and limited resources. Medicaid programs vary from state to state, but most health care costs are covered if you qualify for both Medicare and Medicaid.

Medicare Advantage. A Medicare program that gives you more choices among health plans. Everyone who has Medicare Parts A and B is eligible, except those who have End-Stage Renal Disease (unless certain exceptions apply). Medicare Advantage Plans used to be called Medicare + Choice Plans.

Medigap. A Medicare supplement insurance policy sold by private insurance companies to fill “gaps” in Original Medicare Plan coverage. Except in Massachusetts, Minnesota and Wisconsin, there are 10 standardized plans labeled Plan A through Plan J. Medigap policies only work with the Original Medicare Plan.

Premium. The monthly payment you make to get coverage.



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